Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Request to amend the name on the Non Emergency application for Herbert's Wheelchair Transportation, LLC (Please type or print)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2011 - 441 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Robert D. Herbert	Telephone: 843-345-5550
Address: 2211 Weepoolow Trail	Fax: 843-849-0889
Charleston, SC 29407	Other:
	Demail: herbert 33 @ Att. net
NOTE: The cover sheet and information contained herein neither repla as required by law. This form is required for use by the Public Service be filled out completely.	ces nor supplements the filing and service of pleadings or other papers commission of South Carolina for the purpose of docketing and must
NATURE OF ACTIO	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi Application - Class C Charter	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request Request Recurrence RECRIVED Exhibit Late-Filed Exhibit Letter Proposed Order
Application - Class C Non-Emergency Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter Proposed Order Publisher's Affidavit
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	
Request for Cancellation of Certificate	Response
Request for Suspension	Return to Petition Other: Req to amend name on application
Request for Reinstatement	After an order has been issued
If you have any questions about this form, please contact th	

Print Form

Reset Form

Request for a Name Change to a Class C Application

File the original with:	Mail or fax a copy to	
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815	
DATE: 12 27 11		
The PSC issued Order No. 2011-802 (Docket No. 2011-441-T) on November 16, 2011		
that granted a Class C Non-Emergency Cer	tificate for Herbert's Wheelchair	
Transportation, LLC.		
The carrier now requests that the name on the Class C Non-Emergency		
application submitted October 19, 2011 be changed from Herbert's Wheelchair		
Transportation, LLC to (new name) Herbe	ert's Medical Transportation, LLC.	
A copy of the Articles of Incorporation for t	he new name is attached to this request.	
Herbert's Wheelchair Transportation, LLC (Name of Company)	DBA $\frac{\mathcal{N}/A}{\text{(If applicable)}}$	
(Street Address)	Charleston, SC 29407 (City, State, Zip Code)	
(Telephone Number)	(Fax Number)	
© LHerbert 33@ Att. net (Email Address)	(Signature)	

DEC 1 5 2011

SECRETARY OF STATE OF SOUTH CAPITALINA

STATE OF SOUTH CAROLINA SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

	ended Articles of Organization:		igned limited liability company adopts the following
1.	The name of the limited liability company is Herbert's Wheelchair Transportation, LLC		
2.	The date the articles of organization were filed is October 6, 2011		
3.	The articles of organization are lawfully be included in the artic additional sheets containing a re	cles of organization. If	ving respects, of which all amended provisions may the space on this form is not sufficient, please attach te paragraph on this form.
	LLC name is hereby changed to	Herbert's Medical Trans	portation, LLC
	1110000		B. J. B. Hartard
1	det D. Hulex		Robert D. Herbert
Sig	nature (Please see the Filing Ch	eck list below)	Print or Type Name
Caj	oacity/Position of Person Signing	(You must check one box.)	Date December 14, 2011
	Manager Member	Organizer	
	Fiduciary Attorney-i	n-Fact	
		Filing Chec	<u>:klist</u>
	Limited Liability Co company by a:	cretary of State's Office in Envelope I has signed the form (Plea impany forms filed with the (1) manager of a manage (2) member of a member-	se see S.C. Code of Laws §33-44-205(a)) the Secretary of State must be signed in the name of the r-managed company -managed company company, if the company has not been formed or
	• Return all documents to:	(4) fiduciary, if the company appointed fiduciary South Carolina Secretary of Attn: Corporate Filings 205 Pendleton Street Suite Columbia, SC 29201	any is in the hands of a receiver, trustee or other courtf f State's Office

LLC - Domestic - Amended Articles of Organization

111216-0056 FILED: 12/15/2011 HERBERT'S MEDICAL TRANSPORTATION, LLC
Filing Fee: \$110.00 ORIG



South Carolina Secretary of State